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2292 7590 08/16/2004				have its own certificate of mailing or transmission.		
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01 FC:1501 1370.00 OP \2			2004 ين			(Signature)
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APPLICATION NO.	FILING DATE	TRADE	MA ^N RST NAMED INVE	NTOP	ATTORNEY DOCKET NO.	CONFIRMATION NO.
	12/28/2001				3430-0174P	4285
10/028,759 12/28/2001 TITLE OF INVENTION: ARRAY SUBSTRATE FOR REFLECTIVE			June-Ho Park			
METHOD FOR THE SAM		R REPLECTIVE A	IND TRANSPLE	CIIVE LIQUID CKI	STAL DISPLAT DEVICES	AND MANOTACTORING
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	3	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1 330 -	1370	\$300	\$1630: 1670. 65 11/16/2004	
EXAMINER		ART UNIT		CLASS-SUBCLASS		
LANDAU, MATTHEW C		2815		349-043000	-	
	e address or indication of "F	ee Address" (37		the patent front page,	1 70 2 2-	Charrent
CFR 1.363). Change of correspond	ence address (or Change of C	Correspondence	(1) the names of or agents OR, alt	up to 3 registered pat ernatively,		,Stewart, sch & Birch, LLF
Address form PTO/SB/I	•		(2) the name of a	a single firm (having as	s a member a 2	SCH & BITCH, DEP
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.			
	RESIDENCE DATA TO B		-			
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified be n 37 CFR 3.11. Completion	elow, no assignee date of this form is NOT	ata will appear on a substitute for fili	the patent. If an assignment.	gnee is identified below, the o	document has been filed for
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LG. PHILIPS	S LCD CO., LT	D. Se	eoul, Ko	rea		
Please check the appropriate	e assignee category or catego	ries (will not be prin	ted on the patent);	🗆 individual 🛮 💆	corporation or other private g	roup entity
4a. The following fee(s) are	enclosed:		Payment of Fee(s)			
X Issue Fee	A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached.					
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X Advance Order - # of	Copies4	i	Deposit Account N	umber $02-244$	charge the required fee(s), or enclose an extra	copy of this form).
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